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To: U.S. Patent and Trademark OfficeFacsimile No.: (571) 273-8300From: Joseph R. Palmieri

Date: August 23, 2005

Number of Pages Including Cover: 31

MESSAGE: FORMAL SUBMISSION OF:
1) Amendment/Reply transmittal form;
2) Appeal Brief;
3) Claim Appendix; and
4) Evidence Appendix.

Attorney Docket No.: 01-1503

Appl. No.: 09/933,063

Applicant: William D. GOODMAN

Filed: August 20, 2001

Title: METHODS AND APPARATUS FOR EXTRAPOLATING PERSON AND DEVICE COUNTS

TC/A.U.: 2686

Examiner: Randy Peaches

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (and any accompanying paper(s)) is being facsimile transmitted to the United States Patents and Trademark Office on the date shown below.

Christian Andersen

Type or print name of person signing certification


Signature

August 23, 2005

Date

Patent
Attorney's Docket No. Verizon-10 (01-1503)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of)
William D. GOODMAN) Group Art Unit: 2686
Application No.: 09/933,063) Examiner: Randy Peaches
Filed: August 20, 2001)
For: METHODS AND APPARATUS)
FOR EXTRAPOLATING PERSON)
AND DEVICE COUNTS)

AMENDMENT/REPLY TRANSMITTAL LETTER

Mail Stop Appeal Brief - Patents
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$395.00 ☐ \$790.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
Application Serial No. 09/933,063
Attorney's Docket No. Verizon-10 (01-1503)
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- ☒ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below:


AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	24	24	0	x \$50.00 =	00.00
Ind. Claims	5	5	0	x \$200.00 =	00.00
If Amendment adds multiple dependent claims, add \$280.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					00.00

- ☐ A claim fee in the amount of \$_____ - is enclosed.
☐ Charge \$_____ to Deposit Account no. 07-2347.

Amendment/Reply Transmittal Letter
Application Serial No. 09/933,063
Attorney's Docket No. Verizon-10 (01-1503)
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 07-2347.

Respectfully submitted,

By: 
Joseph R. Palmieri
Reg. No. 40,760

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Date: August 23, 2005